

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-876)						SERIAL NO.	FILING DATE					
						APPLICANT(S)						
						CLAIMS						
	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1			11				51					
2			12				52					
3			13				53					
4			14				54					
5			15				55					
6			16				56					
7			17				57					
8			18				58					
9			19				59					
10			20				60					
11			21				61					
12			22				62					
13			23				63					
14			24				64					
15	1		25				65					
16			26				66					
17			27				67					
18			28				68					
19			29				69					
20			30				70					
21			31				71					
22			32				72					
23			33				73					
24			34				74					
25			35				75					
26			36				76					
27			37				77					
28			38				78					
29			39				79					
30			40				80					
31			41				81					
32			42				82					
33			43				83					
34			44				84					
35			45				85					
36			46				86					
37			47				87					
38			48				88					
39			49				89					
40			50				90					
TOTAL IND.	31	1	32	1			TOTAL IND.					
TOTAL DEP.	31	1	32	1			TOTAL DEP.					
TOTAL CL. & IS	31	1	32	1			TOTAL CL. & IS					